

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.04	17.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30.18	7.55	lb/d	*****	7.75	1.94	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	171	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.09	*****	7.37	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	53.16	13.29	lb/d	*****	13.65	3.41	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	163.5	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.69	1.741	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
Jared Gunderson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/6/07/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.59	5.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

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Jared Gunderson/ Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	16/07/2018
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ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83422
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External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	93.97	96.27	lb/d	*****	11.27	11.54	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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Jared Gunderson/ Operator			(208)270-0209		16/07/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

May 24th Spring runoff has started raising our flows from a average of 400gpd to over 1.0 mgd. We are seeding our plant and are seeing the ammonia slowly coming back to permit levels.

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.98	12.98	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.3	11.3	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	140.66	35.17	lb/d	*****	13.65	3.41	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	72.7	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.25	*****	7.41	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	180	180	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	152	38	lb/d	*****	14.75	3.69	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

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Jared Gunderson/ DRC Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/7/10/2018	
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06/01/2018	06/30/2018

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	51.5	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.6	6.6	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.36	5.36	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.64	1.64	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	4.8	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.179	1.28	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

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06/01/2018	06/30/2018

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OUTFALL TO TRIB. TO WOODS CR.
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.65	4.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	352	352	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	81	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	71	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

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Jared Gunderson/ DRC Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	7/10/2018
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	15.34	15.99	lb/d	*****	1.84	1.92	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

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I&I is a issue with rising ground water coming into our system are raising our daily flows to above + 1 MGD. We have been inspecting our collection system and making repairs as we find issues. The ammonia is high this month as result of the high flows in the plant. the 2 ammonia readings for the month are 1.48 mg/l and 1.61 mg/l.

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.49	17.71	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	281.44	70.36	lb/d	*****	38.35	9.59	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	164.15	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.22	*****	7.39	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	170.63	42.66	lb/d	*****	23.25	5.81	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	85.5	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.956	1.184	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/8/08/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Plant incoming flows had been increased I&I at the first of the month and have slowed. We did do some work and plug some problems in our system. This did help with the decrease in flows to the plant. The final BOD sample was made after we made repairs and show improvement in our removal of BOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	107.73	365.4	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	77	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	73	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	8/08/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Plant incoming flows had been increased I&I at the first of the month and have slowed. We did do some work and plug some problems in our system. This did help with the decrease in flows to the plant. The final BOD sample was made after we made repairs and show improvement in our removal of BOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	80.86	101.17	lb/d	*****	9.7	12.13	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR			(208)270-0209		8/08/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are Increasing our dosing of nitrifying bacteria to our basins. We are working with the plan designer to solve the nitrification issues.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.11	18.39	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	121.95	30.49	lb/d	*****	28.9	7.23	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	227.4	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.99	*****	7.37	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	27.43	6.86	lb/d	*****	6.5	1.63	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	136.95	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.501	.833	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/9/06/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The city no longer uses chlorine in our plant. We are using UV for disinfection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.63	31.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	09/06/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The city no longer uses chlorine in our plant. We are using UV for disinfection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4.18	5.53	lb/d	*****	.5	.66	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR			(208)270-0209		09/06/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.71	17.47	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	115.52	28.88	lb/d	*****	26.05	6.51	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	289.8	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.74	*****	7.11	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	52.1	13.03	lb/d	*****	11.75	2.94	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	155.45	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	52.1	13.03	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		0/09/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city is no longer using chlorine in the treatment plant. We use uv system for our effluent.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	69.55	88.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		0/09/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city is no longer using chlorine in the treatment plant. We use uv system for our effluent.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.64	2.95	lb/d	*****	.2	.35	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC Operator			(208)270-0209		0/09/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83422
MINOR (SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.65	16.06	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32.75	8.19	lb/d	*****	8.7	2.18	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	224.1	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.93	*****	7.16	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	26.35	6.59	lb/d	*****	7	1.75	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	140.25	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.386	.562	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		1/05/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine in our system. we have upgraded to UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.24	18.9	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		1/05/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine in our system. we have upgraded to UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.46	2.03	lb/d	*****	.18	.24	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC Operator			(208)270-0209		1/05/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.14	12.34	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.27	2.32	lb/d	*****	2.9	.73	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	214.95	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.81	*****	7.37	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	20.29	5.07	lb/d	*****	6.35	1.59	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	164	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.299	.466	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
Jared Gunderson/ DRC Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		2/10/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine for disinfection of our effluent. We have upgraded to UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.82	7.3	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
Jared Gunderson/ DRC Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		2/10/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine for disinfection of our effluent. We have upgraded to UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.73	.96	lb/d	*****	.09	.12	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE	DATE
JARED GUNDERSON/ DRC Operator			(208)270-0209	2/10/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are still seeding the plant. We have put a RFQ out for updating our facility plan and address our compliance issues.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	9.93	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.8	9.8	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.97	2.24	lb/d	*****	4	1	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	281.8	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.14	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	160	160	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	10.88	2.72	lb/d	*****	4.85	1.21	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		11/08/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The city no longer uses chlorine for disinfection. We have installed UV for disinfection of our effluent.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	147.15	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.84	19.84	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.76	3.76	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.311	.371	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		11/08/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The city no longer uses chlorine for disinfection. We have installed UV for disinfection of our effluent.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.42	5.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	538	538	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	11/08/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The city no longer uses chlorine for disinfection. We have installed UV for disinfection of our effluent.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.78	.97	lb/d	*****	.09	.12	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR			(208)270-0209		11/08/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We are continuing to seed the plant and seeing good results this month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.75	8.44	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	53.89	13.47	lb/d	*****	19.6	4.9	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	293.85	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.86	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	24.75	6.19	lb/d	*****	9	2.25	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	169.15	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.326	.377	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		12/08/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WE NO LONGER US CHLORINE AT OUR FACILITY, WE ARE USING UV FOR DISINFECTION.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.21	19.9	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR		(208)270-0209		12/08/2019
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WE NO LONGER US CHLORINE AT OUR FACILITY, WE ARE USING UV FOR DISINFECTION.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	42.07	59.72	lb/d	*****	5.04	19.3	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR			(208)270-0209		12/08/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I HAVE SENT IN BOTH LIMIT VIOLATIONS LETTERS AND MADE THE PHONE CALLS TO THE HOTLINE FOR THE OVER LIMITS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.92	7.53	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	41.7	10.43	lb/d	*****	14.2	3.55	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	397.3	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.97	*****	7.06	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12.19	3.05	lb/d	*****	4.15	1.04	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	186.7	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.359	.418	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/3/08/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE CITY NO LONGER USES CHLORINE IN OUR FACILITY. WE HAVE UPGRADED TO UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.86	24.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	3/08/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE CITY NO LONGER USES CHLORINE IN OUR FACILITY. WE HAVE UPGRADED TO UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	37.02	43.57	lb/d	*****	4.46	15.48	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC Operator			(208)270-0209		03/08/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
I have called the 24 hr hotline and filed the 5 day written reports.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.34	7.55	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	54.39	13.6	lb/d	*****	18.6	4.65	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	299.05	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.86	*****	7.11	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	50.15	12.54	lb/d	*****	17.15	4.29	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	128.35	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4	.726	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
Jared Gunderson/ DRC Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		14/05/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our treatment process. we have upgraded to UV. The water temperature is still very cool and the plant biology is slow.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.99	28.4	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
Jared Gunderson/ DRC Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	14/05/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine in our treatment process. we have upgraded to UV. The water temperature is still very cool and the plant biology is slow.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	42.15	66.93	lb/d	*****	4.65	21.4	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC Operator			(208)270-0209		14/05/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I reported the high Ammonias within the 24 hour window and followed up with a written explanation.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.39	9.59	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	77.17	19.29	lb/d	*****	21.75	5.44	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	393.85	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.89	*****	7.12	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	43.11	10.78	lb/d	*****	12.15	3.04	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	191.95	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.511	.774	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/5/09/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE FACILITY NO LONGER USES CHLORINE IN OUR FACILITY. WE HAVE INSTALLED A UV SYSTEM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.92	21.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	05/09/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE FACILITY NO LONGER USES CHLORINE IN OUR FACILITY. WE HAVE INSTALLED A UV SYSTEM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7.38	10.21	lb/d	*****	.92	3.4	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC Operator			(208)270-0209		05/09/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Ammonia has exceeded our limit and I have reported it on the NPDES site.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.36	12.23	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40.24	10.06	lb/d	*****	11.2	2	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	201.65	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.95	*****	7.06	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15.63	3.91	lb/d	*****	4.35	1.09	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	117.8	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.42	.52	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/6/09/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine in our facility for effluent. We have upgraded to UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	24.42	40.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	16/09/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine in our facility for effluent. We have upgraded to UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	29.02	54.64	lb/d	*****	2.9	12.6	mg/L		Twice per Month	Grab
00610 10 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR			(208)270-0209	16/09/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The facility is working with the engineers to get into compliance. I did file a noncompliance with the DEQ for exceeding our limit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.87	13.18	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	41.57	10.39	lb/d	*****	7.2	1.8	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	106.2	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.62	*****	7.09	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	30.89	7.72	lb/d	*****	5.35	1.34	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		7/09/2019
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

samples for 2 a year have been taken in July and will be submitted with the July DMR. I could not find any designated time frame for the 2 a year samples to be pulled in our permit. We no longer use chlorine in our facility we use UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	76.65	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.851	1.096	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/7/09/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

samples for 2 a year have been taken in July and will be submitted with the July DMR. I could not find any designated time frame for the 2 a year samples to be pulled in our permit. We no longer use chlorine in our facility we use UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.48	28.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	7/09/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

samples for 2 a year have been taken in July and will be submitted with the July DMR. I could not find any designated time frame for the 2 a year samples to be pulled in our permit. We no longer use chlorine in our facility we use UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4.2	5.7	lb/d	*****	.62	1.3	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ WASTEWATER TREATMENT FOREMAN			(208)270-0209		7/09/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.69	15.69	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	198.31	49.58	lb/d	*****	24.95	6.24	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	149.85	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.72	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	120.42	30.1	lb/d	*****	15.15	3.79	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	97	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.997	1.393	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/8/06/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city is no longer using chlorine in our facility. We have upgraded to UV. The following is our 2 a year samples. 2 A Year Samples Result Alkalinity, Total 250.00 Dissolved Oxygen 10.70 Nitrate plus Nitrite 2.00 Oil and Grease 2.60 Total Dissolved Solids 376.00 Total Kjeldahl Nitrogen 13.90 Total Phosphorus as P 4.47 Nitrate 1.65 Nitrite 0.35

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.26	20.4	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	83	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	84	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	8/06/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The city is no longer using chlorine in our facility. We have upgraded to UV. The following is our 2 a year samples. 2 A Year Samples Result Alkalinity, Total 250.00 Dissolved Oxygen 10.70 Nitrate plus Nitrite 2.00 Oil and Grease 2.60 Total Dissolved Solids 376.00 Total Kjeldahl Nitrogen 13.90 Total Phosphorus as P 4.47 Nitrate 1.65 Nitrite 0.35

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	105.75	107.07	lb/d	*****	12.99	18.2	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR			(208)270-0209		8/06/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
I HAVE SUBMITTED THE 5/DAYS AND 24 HR REPORTING FOR THE OVERAGES.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83422
MINOR (SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.76	18.02	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	96.74	24.19	lb/d	*****	25.1	6.28	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	285.2	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.55	*****	7.28	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	29.49	7.37	lb/d	*****	7.65	1.91	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	156	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.556	.963	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/9/06/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The facility no longer uses chlorine in our facility. We have upgraded to UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.67	41	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	09/06/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The facility no longer uses chlorine in our facility. We have upgraded to UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	28.06	45.82	lb/d	*****	3.32	11.64	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR			(208)270-0209	09/06/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I HAVE REPORTED THE LIMIT OVERAGE TO IDEQ AND EPA HOTLINES AND FILED THE WRITTEN WITH EACH AGENCY.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.53	17.61	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	153.66	38.42	lb/d	*****	43.15	9.6	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	275.9	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.88	*****	7.04	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	20.3	5.07	lb/d	*****	5.7	1.27	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	165.25	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.438	.555	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		0/03/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine in our facility for disinfection we use UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.52	12.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	84	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	0/03/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine in our facility for disinfection we use UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	67.3	80.79	lb/d	*****	8.03	22.58	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR			(208)270-0209		0/03/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
I have reported the over limits to the 24 hour hotline and sent the 5-day written in.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.31	14.63	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38.72	9.68	lb/d	*****	11.2	2.42	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	494.65	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.22	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	24.89	6.22	lb/d	*****	7.2	1.56	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	401.65	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.529	.801	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		1/08/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine we use UV for disinfection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.97	40.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		1/08/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine we use UV for disinfection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.3	.34	lb/d	*****	.04	.1	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR			(208)270-0209		1/08/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83422
MINOR (SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.29	11.39	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.16	1.29	lb/d	*****	2	.32	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	289.15	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.93	*****	7.43	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12.91	3.23	lb/d	*****	5	.81	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	148	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.324	.675	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		2/05/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine in our facility. We updated to UV

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	2/05/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine in our facility. We updated to UV

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.46	.57	lb/d	*****	.06	.23	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR			(208)270-0209		2/05/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.12	9.83	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.4	10.4	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.45	3.11	lb/d	*****	4.95	.78	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	292.4	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.83	*****	7.16	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	230	230	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12.57	3.14	lb/d	*****	5	.79	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE
Jared Gunderson/ DRC Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		11/09/2020
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We have upgraded our facility to UV and no longer use chlorine in our effluent stream.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	176.55	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.3	12.3	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.28	20.28	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.22	3.22	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	.5	.5	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.322	.418	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE
Jared Gunderson/ DRC Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		11/09/2020
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We have upgraded our facility to UV and no longer use chlorine in our effluent stream.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	424	424	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
Jared Gunderson/ DRC Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	11/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We have upgraded our facility to UV and no longer use chlorine in our effluent stream.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	10.17	11.69	lb/d	*****	1.22	4.75	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
Jared Gunderson/ DRC Operator			(208)270-0209		11/09/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The ammonia limit was exceeded this month. We have filed the reports to the hotline. We are still continuing to find a solution to stay in compliance.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83422
MINOR (SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.64	8.63	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19.89	4.97	lb/d	*****	6.7	1.24	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	225.35	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.81	3.45	lb/d	*****	4.65	.86	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	138.25	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.38	.716	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		12/07/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine in our system. We are using UV for disinfection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.15	2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	12/07/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine in our system. We are using UV for disinfection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	65.36	65.62	lb/d	*****	7.84	22.04	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR			(208)270-0209		12/07/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We have exceeded the ammonia limit for the month. We have made the calls to DEQ and EPA for the violations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.5	8.34	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27.49	6.87	lb/d	*****	10.3	1.72	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	249.4	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.06	*****	7.55	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	12.81	3.2	lb/d	*****	4.8	.8	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	154.7	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.344	.384	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/3/05/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine in our system. We have UV system.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
JARED GUNDERSON/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	3/05/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine in our system. We have UV system.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	73.01	73.3	lb/d	*****	8.76	27.51	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
JARED GUNDERSON/ DRC OPERATOR			(208)270-0209		03/05/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WE HAVE FILED THE 24 HOUR NOTICE AND 5 DAY WRITTEN TO EPA AND DEQ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83422
MINOR (SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.5	7.58	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	43.43	10.86	lb/d	*****	13.15	2.71	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	281.55	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.97	*****	7.55	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	30.88	7.72	lb/d	*****	9.35	1.93	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	163.35	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.436	.738	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
Toney Roy/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		14/09/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine at our wastewater treatment facility.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.25	38.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
Toney Roy/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	14/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine at our wastewater treatment facility.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	88.74	92.22	lb/d	*****	10.64	27.37	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
Toney Roy/ DRC OPERATOR			(208)270-0209		14/09/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We did call in our twenty four hour notice of violation and submitted our five day written reports to EPA and IDEQ.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.62	9.49	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.52	2.13	lb/d	*****	3.05	.53	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	232.05	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.28	*****	7.44	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.55	3.39	lb/d	*****	4.85	.85	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	127	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.404	.73	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
Toney Roy/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/5/07/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Drum Screen #2 is under repairs with parts on order. Disc Filter is also under repair with parts on order. We no longer use chlorine in our process. We have upgraded to UV for disinfection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.77	8.6	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
Toney Roy/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	05/07/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Drum Screen #2 is under repairs with parts on order. Disc Filter is also under repair with parts on order. We no longer use chlorine in our process. We have upgraded to UV for disinfection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	84.19	89.27	lb/d	*****	10.11	30.5	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
Toney Roy/ DRC OPERATOR			(208)270-0209		05/07/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
24 hr NOV call in has been submitted. The five day written has also been submitted.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83422
MINOR (SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.41	11.25	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.13	5.03	lb/d	*****	7.1	1.26	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	191.8	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.12	*****	7.35	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	13.19	3.3	lb/d	*****	4.65	.82	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	111.55	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.449	.788	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE	
Toney Roy/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/6/03/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine to disinfect. We use UV for disinfection now.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
Toney Roy/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	16/03/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine to disinfect. We use UV for disinfection now.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	80.28	81.07	lb/d	*****	9.63	28.59	mg/L		Twice per Month	Grab
00610 10 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
Toney Roy/ DRC OPERATOR			(208)270-0209		16/03/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are adding seed to our basin. our investigative samples are showing activity is starting. We are working on locating areas with I&I in our system.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.21	13.96	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.7	10.7	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	128.83	32.21	lb/d	*****	18.5	8.05	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	90.2	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.14	*****	7.27	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	280	280	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	145.2	36.3	lb/d	*****	20.85	9.07	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE
Toney Roy/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		7/10/2020
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection at this facility, we use UV. This month we hired two crews to seal 15 manholes that were leaking I&I, 2 leaking lift stations, plug one unused lateral in manhole, repair 1 slip joint, and fix 1 leaking service. All of these repairs did show a reduction of approximately 300,000 gallons of water per day! We also introduced a 30 day supply of probiotic to stimulate the nitrification process.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	77	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	33.1	33.1	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.96	10.96	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.32	5.32	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.1	1.1	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.72	.895	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE
Toney Roy/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		7/10/2020
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection at this facility, we use UV. This month we hired two crews to seal 15 manholes that were leaking I&I, 2 leaking lift stations, plug one unused lateral in manhole, repair 1 slip joint, and fix 1 leaking service. All of these repairs did show a reduction of approximately 300,000 gallons of water per day! We also introduced a 30 day supply of probiotic to stimulate the nitrification process.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83422
MINOR (SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	63.97	105	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	404	404	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	79	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	73	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
Toney Roy/ DRC OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	7/10/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection at this facility, we use UV. This month we hired two crews to seal 15 manholes that were leaking I&I, 2 leaking lift stations, plug one unused lateral in manhole, repair 1 slip joint, and fix 1 leaking service. All of these repairs did show a reduction of approximately 300,000 gallons of water per day! We also introduced a 30 day supply of probiotic to stimulate the nitrification process.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	59.8	62.91	lb/d	*****	7.17	8.98	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
Toney Roy/ DRC OPERATOR			(208)270-0209		7/10/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83422
MINOR (SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.86	18.45	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	92.41	23.1	lb/d	*****	21.6	5.78	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	362	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.11	*****	7.34	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	41.93	10.48	lb/d	*****	9.8	2.62	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	181.65	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.534	.989	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE		DATE
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209		/8/10/2020
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection. We now use Ultra Violate. We have been adding another manufacturers bacteria to stimulate the ammonia removal, unsuccessfully.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.96	9.7	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson		TELEPHONE	DATE
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)270-0209	8/10/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We no longer use chlorine for disinfection. We now use Ultra Violate. We have been adding another manufacturers bacteria to stimulate the ammonia removal, unsuccessfully.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	99.78	126.78	lb/d	*****	11.93	29.29	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jared Gunderson	TELEPHONE		DATE
Toney Roy/ DRC Lead OPERATOR			(208)270-0209		8/10/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.11	20.01	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	85.38	21.35	lb/d	*****	22.5	5.34	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	252.55	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.11	*****	7.31	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	18.97	4.74	lb/d	*****	5	1.19	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	179.55	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.42	.825	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		/9/03/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine for disinfection. We use Ultra Violate light.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	29.26	41.1	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631		09/03/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine for disinfection. We use Ultra Violate light.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	107.02	145.21	lb/d	*****	12.78	37.85	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631		09/03/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.48	18.32	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64.33	16.08	lb/d	*****	18.15	4.02	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	311.3	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.02	*****	7.25	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	14.18	3.54	lb/d	*****	4	.89	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	240	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.374	.435	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		0/07/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We are no longer using chlorine for disinfection. We are using Ultra Violet Lights.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	52.53	90.6	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		0/07/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We are no longer using chlorine for disinfection. We are using Ultra Violet Lights.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	117.36	120.6	lb/d	*****	14.07	33.63	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631		0/07/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.94	16.96	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	33.86	8.47	lb/d	*****	10.15	2.12	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	235.5	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.01	*****	7.12	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	20.02	5	lb/d	*****	6	1.25	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	167.25	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.369	.439	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		1/02/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We do not use chlorine for disinfection any longer. We use UV for disinfection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	39.85	76.8	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		1/02/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We do not use chlorine for disinfection any longer. We use UV for disinfection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	82	82.9	lb/d	*****	9.83	24.85	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631		1/02/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.76	13.17	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	46.05	11.51	lb/d	*****	12.55	2.88	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	256.25	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.94	*****	7.12	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	49.54	12.38	lb/d	*****	13.5	3.1	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	184.1	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.381	.559	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		2/01/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We do not use chlorine for disinfection anymore. We use Ultra Violate Lights.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	37.61	387.3	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE	DATE
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631	2/01/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We do not use chlorine for disinfection anymore. We use Ultra Violate Lights.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	49.17	68.16	lb/d	*****	5.71	16.68	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631		2/01/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.11	10.12	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.4	10.4	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	39.81	9.95	lb/d	*****	11.1	2.49	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	270.95	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.07	*****	7.27	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	350	350	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	70.83	17.71	lb/d	*****	19.75	4.43	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		11/19/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We use Ultra Violate Lights for disinfection in place of chlorine.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	184.25	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	36.7	36.7	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.43	9.43	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.5	.5	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.5	1.5	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.35	.446	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		11/19/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We use Ultra Violate Lights for disinfection in place of chlorine.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.84	120	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	588	588	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631		11/19/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We use Ultra Violate Lights for disinfection in place of chlorine.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	90.92	94.38	lb/d	*****	10.93	26.22	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE	DATE	
Toney Roy/ DRC Lead OPERATOR			(208)516-6631	11/04/2021	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This spring we will be draining and cleaning one of our biological basins to perform maintenance on all of its componence. I believe that this could be a factor in the lack of nitrification in these basins.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.06	8.85	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	140.22	35.06	lb/d	*****	36.55	8.76	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	319.85	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.21	*****	7.57	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	114.52	28.63	lb/d	*****	29.85	7.16	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	128.75	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.348	.387	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		12/01/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We do not use chlorine for disinfection anymore. We use UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.21	98.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	77	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE	DATE
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631	12/01/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We do not use chlorine for disinfection anymore. We use UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	149.31	150.66	lb/d	*****	17.9	39.27	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631		12/01/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The cold influent temperatures are in part preventing us from being able to nitrify.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.27	7.66	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	94.28	23.57	lb/d	*****	23.8	5.89	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	251.15	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.38	*****	7.67	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	62.59	15.65	lb/d	*****	15.8	3.91	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	162.45	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.405	.621	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		/3/01/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine to disinfect. We use UV Lights now.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	39.98	436	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE	DATE
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631	3/01/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine to disinfect. We use UV Lights now.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	142.1	159.69	lb/d	*****	17.39	44.53	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631		03/01/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.05	8.15	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	102.49	25.62	lb/d	*****	28.25	6.41	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	460.85	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.28	*****	8.42	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	90.7	22.67	lb/d	*****	25	5.67	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	176.5	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.384	.556	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		14/02/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are no longer using chlorine for disinfection. We are now using UV lights. Monday April fifth we have a contractor hired to start cleaning one of the two basins we have. I believe that this will increase the performance of of the basin resulting in better plant performance as well.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	98.88	629	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	86	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE	DATE
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631	14/02/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are no longer using chlorine for disinfection. We are now using UV lights. Monday April fifth we have a contractor hired to start cleaning one of the two basins we have. I believe that this will increase the performance of of the basin resulting in better plant performance as well.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	148.2	149.9	lb/d	*****	17.77	41.8	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631		14/02/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.93	9.91	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	140.34	35.08	lb/d	*****	47.4	8.77	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	284.55	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.62	*****	7.78	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	43.97	10.99	lb/d	*****	14.85	2.75	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	193.15	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.333	.667	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		/5/05/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We do not disinfect with chlorine. We disinfect with UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	75.45	137.6	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	83	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631		05/05/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We do not disinfect with chlorine. We disinfect with UV.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	115.42	124.83	lb/d	*****	13.92	41	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE	DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631	05/05/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are in the process of cleaning one of the two basins we have to treat sewage. We are confident this will improve the performance of the basin. This should also help the nitrification process by removing any contaminating debris on the media and or in each cell. This cleaning started April 5th 2021 and is expected to finish by May 21st, weather permitting.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.48	14	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	159.36	39.84	lb/d	*****	52.35	9.96	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	325	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.57	*****	8.04	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	43.07	10.77	lb/d	*****	14.15	2.69	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	144.85	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.354	.482	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		/6/18/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We are using UV lighting for disinfection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	65.81	169.6	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	84	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		/6/18/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We are using UV lighting for disinfection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	122.52	123.85	lb/d	*****	14.71	41.52	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE	DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631	6/18/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.76	18.28	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.1	3.1	mg/L		Twice per Year	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	116.13	29.03	lb/d	*****	25.55	7.26	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	296.05	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.42	*****	7.96	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	360	360	mg/L		Twice per Year	Grab
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	90	22.5	lb/d	*****	19.8	5.62	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		/7/07/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine for disinfection. We now use UV lights.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	126	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	45.1	45.1	mg/L		Twice per Year	Grab
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.53	.53	mg/L		Twice per Year	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.64	5.64	mg/L		Twice per Year	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.8	2.8	mg/L		Twice per Year	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.612	.851	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		/7/07/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine for disinfection. We now use UV lights.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	24.72	101.7	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	424	424	mg/L		Twice per Year	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	84	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE	DATE
Toney Roy/ DRC Lead OPERATOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631	7/07/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
We no longer use chlorine for disinfection. We now use UV lights.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	108.45	127.89	lb/d	*****	13.29	30.67	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE	DATE
Toney Roy/ DRC Lead OPERATOR			(208)516-6631	17/07/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.85	17.87	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	110.43	27.61	lb/d	*****	25.15	6.9	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	373.1	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.26	*****	7.76	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	43.91	10.98	lb/d	*****	10	2.74	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	186.65	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.527	.595	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		/8/08/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We use UV disinfection now instead of chlorine. We have also increased the scouring of the basins in an attempt to remove any excessive debris that might impede the performance of the basins. We have started dosing another round of nitrifying bacteria to start the nitrification process.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	33.37	214.2	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead Operator			(208)516-6631		8/08/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We use UV disinfection now instead of chlorine. We have also increased the scouring of the basins in an attempt to remove any excessive debris that might impede the performance of the basins. We have started dosing another round of nitrifying bacteria to start the nitrification process.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	183.35	186.45	lb/d	*****	21.98	42.34	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead Operator			(208)516-6631		8/08/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We have started dosing another cycle of Microplex nitrifying bacteria in a attempt to achieve nitrification.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2021	08/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.63	20.21	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	86.7	21.67	lb/d	*****	19.85	5.42	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	366	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.48	*****	7.43	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	34.94	8.74	lb/d	*****	8	2.18	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	167.8	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.528	.854	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC Lead Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		/9/08/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We use UV for disinfection. The low PH is a result of organic material that was found on the tip of the probe and returned to normal immediately after it was removed. It was in no way a representation of the actual effluent stream. There is an agreement to inspect the monitoring probe on a more regular basis.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2021	08/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	51.8	131.4	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE	DATE
Toney Roy/ DRC Lead Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631	09/08/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We use UV for disinfection. The low PH is a result of organic material that was found on the tip of the probe and returned to normal immediately after it was removed. It was in no way a representation of the actual effluent stream. There is an agreement to inspect the monitoring probe on a more regular basis.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2021	08/31/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	200.15	254.88	lb/d	*****	45.12	54.11	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead Operator			(208)516-6631		09/08/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.46	18.43	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	43.5	10.87	lb/d	*****	8.45	2.72	mg/L		Twice per Month	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	286.7	*****	mg/L		Twice per Month	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.37	*****	7.73	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	41.95	10.49	lb/d	*****	8.15	2.62	mg/L		Twice per Month	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice per Month	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	144.65	*****	mg/L		Twice per Month	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.52	.744	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE		DATE	
Toney Roy/ DRC		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631		0/06/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not use chlorine for disinfection anymore. We are disinfecting with UV lights now. The influent BOD has been at or above it's design capacity consistently for some time now. The City is looking at it's options to remedy this as well.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	41.35	60.5	#/100mL		Five per Month	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy		TELEPHONE	DATE
Toney Roy/ DRC		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)516-6631	0/06/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not use chlorine for disinfection anymore. We are disinfecting with UV lights now. The influent BOD has been at or above it's design capacity consistently for some time now. The City is looking at it's options to remedy this as well.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DRIGGS, CITY OF
ADDRESS: 80 NORTH MAIN STREET
DRIGGS, ID 83422
FACILITY: DRIGGS, CITY OF - DRIGGS WWTP
LOCATION: 1250 WEST WEST BATES RD
DRIGGS, ID 83422
ATTN: JARED GUNDERSON, WWTP OPERATOR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

DMR Mailing ZIP CODE: 83422
MINOR
(SUBR 06)
OUTFALL TO TRIB. TO WOODS CR.
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	200.15	254.88	lb/d	*****	45.12	54.11	mg/L		Twice per Month	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	4.2 MO AVG	8.4 DAILY MX	lb/d	*****	.84 MO AVG	1.68 DAILY MX	mg/L		Twice per Month	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Toney Roy	TELEPHONE		DATE
Toney Roy/ DRC Lead Operator			(208)516-6631		0/06/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We are seeding the East basin and recirculating effluent from the East basin in an attempt to gain nitrification.